

Practitioner's Docket No. ARC 2865R3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1616
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PATENT
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TECH CENTER 1600/2900

In re application of: Geerke, Johan H. ; Stone, Steven F.

Application No.: 09/324,343

Group No.: 1616

Filed: 06/02/1999

Examiner: Sharareh, S.

For: Methods and Apparatus for Determining Formulation Orientation of Multi-Layered Pharmaceutical Dosage Forms

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$890.00

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 6 December 2000

Katrina M. Ghafghaichi
Signature

Katrina M. Ghafghaichi
(type or print name of person certifying)

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	14	Minus	31	= 0	x \$18 =	\$0
Indep.	9	Minus	18	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
Total					Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

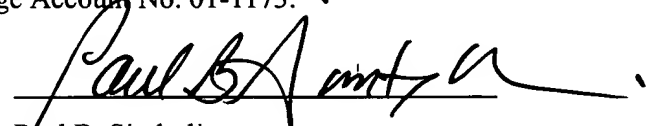
No additional fee for claims is required.

FEE PAYMENT

5. Charge Account No. 01-1173 the sum of \$890.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 01-1173.
If any additional fee for claims is required, charge Account No. 01-1173.



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